

COBB COUNTY FIRE MARSHAL'S OFFICE (FAX 770-528-8320)

FIRE ALARM – LIMITED WORK PERMIT

***NO WORK TO BEGIN* UNTIL PERMIT IS SIGNED BY FMO AND RETURNED BY FAX**

Type of Work:

- ☐ Add/Relocate (8 devices or less)
☐ Temporary Start for New System
☐ **Inspection Fix

Job Type:

- ☐ New Building
☐ Tenant
☐ Remodel/Addition
☐ Annual Inspection
☐ ** Other _____

Job Name _____

Address _____ Suite # _____

Complex _____

Building Permit # _____ Cobb County Powder Springs Acworth Kennesaw
(If applicable)

Fire Alarm Company _____ Phone # _____

Person Requesting Permit _____ Fax # _____

**** A scope of work letter is required.**

COMPLETE THIS SECTION FOR ADD/RELOCATE

★ An 8 ½ X 11 drawing and verbal description of the work is required on any Add/Relocate (8 devices or less)

★ Scope of work must be clearly defined.

Horn/Strobes—Added _____ Relocated _____ Total _____

Other Devices _____ Added _____ Relocated _____

Other Items _____

COMPLETE THIS SECTION FOR TEMPORARY STARTS

(NO FIRE ALARM INSPECTIONS will be conducted BEFORE APPROVED FIRE ALARM PLANS ARE ON SITE).

A Temporary Start for **new FIRE ALARM SYSTEMS** will be considered **only AFTER plans have been reviewed at least once**. A re-review appointment must be scheduled if plans are not approved at the first plan review. A Temporary Start for **TENANTS** will be **considered after plans are reviewed once**.

A Temporary Start authorizes work to start on a job prior to fire alarm plans being approved. I understand that plan approval may change the design of the submitted plans. I take full responsibility to make any and all necessary corrections, even if the materials are on site and/or installed, to comply with the approved system design.

Print Name

Signature

Plan review appointment: _____

Day/Date

Time

☐ **Approved**

☐ **Rejected** By _____ Date _____

Comments _____